



## Building Permit Application

City of Corvallis, Development Services Division  
PO Box 1083, Corvallis OR 97339  
501 SW Madison Avenue, Corvallis OR 97333  
Phone: 541-766-6929  
E-mail: [development.services@corvallisoregon.gov](mailto:development.services@corvallisoregon.gov)  
Web: [www.corvallispermits.com](http://www.corvallispermits.com)

### DEPARTMENT USE ONLY

Permit No: BLD15-00668

Receipt No:

Date: 10/23/15

Plan Review Fee Pd: 487.81

#### TYPE OF WORK

- ☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

#### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☒ Multi-family

#### JOB SITE LOCATION

Job site address (or map & tax lot number):

1935 NW GRANT AVE

#### DESCRIPTION OF WORK

DEMO SFH

#### APPLICANT (OWNER OR AGENT)

Company name: Wilson Company  
Contact name: Ronnie Wilson  
Address: PO Box 1489  
City, state, zip: CLACKAMAS OR 97015  
Phone: 503-320-2087 Fax:   
E-mail:   
Applicant's signature: [Signature]

Print name: Date:

#### DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE

Name:  
Address:  
City, state, zip:  
Phone: Fax:  
E-mail:

#### CONTRACTOR

Business name:  
Address: SAME AS ABOVE  
City, state, zip: AS ABOVE  
Phone: Fax:  
E-mail:  
CB license number: 195466 Expiration date: 11/28/15

#### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 5,500

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area (sq ft):

Garage/carport area (sq ft):

Covered porch area (sq ft):

Deck area (sq ft):

Other structure area (sq ft):

#### REQUIRED DATA: COMMERCIAL & MULTI-FAMILY

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$

Existing building area (sq ft):

New building area (sq ft):

Number of stories:

Type of construction:

Occupancy group:

Existing occupancy:

New proposed occupancy:

#### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

#### Manufactured Homes Fees

Manufactured Home Installation	\$275
State Surcharge 12%	\$ 33
State Service Charge	\$ 30

**PLEASE NOTE:** Intake fees initiate the plan review process. All remaining plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: \_\_\_\_\_

\*\*\*This application is valid for 180 days\*\*\*





## Site Grading & Erosion Control Permit Application

City of Corvallis, Development Services Division  
PO Box 1083, Corvallis OR 97339  
501 SW Madison Avenue, Corvallis OR 97333  
Phone: 541-766-6929 Fax: 541-766-6936  
E-mail: [development.services@ci.corvallis.or.us](mailto:development.services@ci.corvallis.or.us)  
Web: [www.corvallispermits.com](http://www.corvallispermits.com)

### DEPARTMENT USE ONLY

Permit No: EXC15-0070

Receipt No:

Date:

### CATEGORY OF CONSTRUCTION

☒ 1 & 2 Family Dwelling ☐ Commercial or Multifamily

### PROJECT NAME

### DESCRIPTION OF WORK

DEMO SFD

### JOB SITE LOCATION

Job site address:

Subdivision:

Lot no.:

Map & tax lot:

### APPLICANT

Name: Ronnie Wilson

Address: PO Box 1489

City/State/ZIP: CLACKAMAS OR 97015

Phone: 503-320-8088 Fax:

E-mail: Ronnie@WilsonCompanyInc.com

Applicant Signature: [Signature]

### GENERAL/GRADING CONTRACTOR

Name:

Address:

City/State/ZIP:

Phone: SAME AS ABOVE Fax:

E-mail:

CCB#:

Expiration Date:

### 24-HOUR CONTACT PERSON

Contact Name: Ronnie Wilson

Phone: 503-320-7057

E-mail: Ronnie@WilsonCompanyInc.com

### PLEASE FILL IN ALL INFORMATION

#### Site Grading:

Structure footprint excavation \_\_\_\_\_ CY

Other excavation: \_\_\_\_\_ CY

On-site fill: \_\_\_\_\_ CY

Imported fill (soil/rock): \_\_\_\_\_ CY

Soil export from site: \_\_\_\_\_ CY

Location: \_\_\_\_\_

Total potential disturbance area (includes structure excavation, site grading, sidewalks, driveways, temporary access, soil/materials storage areas, and landscaping - typically the entire parcel for new construction).

\_\_\_\_\_ acres or sq-ft

Site contains or borders :

- ☐ 100 year Floodplain
- ☐ Stream/Riparian Area
- ☐ Hydric Soils/Wetlands

Describe any vegetation clearing (trees, bushes):

Describe any new landscape/retaining walls:

Existing or proposed drainage features (berms, swales, ditches, culverts, ponds, etc):

I AGREE TO COMPLY WITH THE "EROSION PREVENTION AND SEDIMENT CONTROL MANUAL" AND WILL CONSTRUCT AND MAINTAIN EPSC MEASURES TO CONTAIN SEDIMENT AND POLLUTANTS ON THE CONSTRUCTION SITE

[Signature]  
Owner/Applicant Signature

10/23/15  
Date





# Plumbing Permit Application

City of Corvallis, Development Services Division  
PO Box 1083, Corvallis OR 97339  
501 SW Madison Avenue, Corvallis OR 97333  
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Web: [www.corvallispermits.com](http://www.corvallispermits.com)

## DEPARTMENT USE ONLY

Permit No: PUM15-00735  
Receipt No:  
Date:

### CATEGORY OF CONSTRUCTION

☒ 1 & 2 Family Dwelling ☐ Commercial or Multi-Family

### JOB SITE LOCATION

Address:

### DESCRIPTION OF WORK

SEWER CAP

### APPLICANT INFORMATION

Name: Ronnie Wilson  
Address: PO Box 1489  
City: Clackamas State: OR Zip: 97015  
Phone: 503-320-7087 Fax:  
Email: Ronnie @ Wilson Company Inc. com  
Signature: [Signature]

### PROPERTY OWNER INSTALLATION

Name:  
Address:  
City: State: Zip:  
Phone: Fax:  
E-mail:  
This installation is being made on residential property owned by me and is exempt from licensing requirements under OAR 918-695-0020.  
Signature:

### CONTRACTOR INSTALLATION

Business name:  
Address:  
City: SALE State: AS Zip: 50  
Phone: 503-320-7087 Fax:  
E-mail:  
CCB or LCB license no.: 195466 Expiration date: 11/28/15  
BCD license no.: Expiration date:

See back for Residential Fire Sprinklers and Medical Gas Installation Schedules

*This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

### FEE SCHEDULE

Description	Qty.	Cost ea.	Total cost
<b>1 &amp; 2 Family Dwelling (Residential)</b>			
New construction: 1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages)		\$375.00	\$
New construction: 2 bathrooms/1 kitchen		\$450.00	\$
New construction: 3 bathrooms/1 kitchen		\$525.00	\$
New construction: Each additional bathroom (over 3)		\$ 75.00	\$
New construction: Each additional kitchen (over 1)		\$ 75.00	\$
Each new or additional water, sewer, storm line or private storm drainage system		\$150.00	\$
Each backflow device (includes first 10 feet of water service)		\$ 30.00	\$
Replace, repair, or alter exterior water service, sanitary sewer or storm line		\$ 50.00	\$
Minor repair of interior plumbing system		\$ 20.00	\$
Repipe interior water supply or waste line, relocate, replace, or add fixtures		\$ 50.00	\$
Water heater or boiler		\$ 30.00	\$
<b>Residential fire sprinklers</b>			
Enter square footage of project (see back for fee listing)	Sq. Ft.		
Enter fee based on installation and equipment			\$
<b>Manufactured dwelling</b>			
Manufactured home space		\$ 75.00	\$
<b>Commercial, industrial, or multi-family dwellings</b>			
Each fixture (new construction only)		\$ 20.00	\$
Fixture repipe / replacement (per 5 fixtures)		\$ 50.00	\$
Each backflow device (includes first 10 feet of water service)		\$ 30.00	\$
Each new, repair, alteration or replacement of exterior water service, sanitary sewer or storm line		\$180.00	\$
Minor repair of interior plumbing system		\$ 20.00	\$
Each water heater or boiler		\$ 50.00	\$
<b>Medical gas piping</b>			
Enter value of installation and equipment (see back for fee sheet)	\$		
Enter fee based on installation and equipment value			\$
<b>APPLICANT USE</b>			
(A) Enter subtotal of above fees			\$
(B) Enter 12% state surcharge (.12 x [A])			\$
(C) Plan review (50% of [A], complex structures only)			\$
<b>TOTAL fees and surcharges (A through C):</b>			\$